CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

SEP 16 1936

Do not use this space.

29735

1. PLACE OF DEATH

County Adair — Registration District No. 4

Township — Primary Registration District No. 3001

City Kirksville (No. , Laughlin Hospital St. Ward)

File No.

Registered No. 197

2. FULL NAME Elijah Washington Lindsey

(a) Residence, No. St., Ward. Gallatin, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Lindsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1876

7. AGE: Years 59 Months 10 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Quarry

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Missouri

FATHER

13. NAME Cornelius Wm. Lindsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vigo County Indiana

MOTHER

15. MAIDEN NAME Martha Ellen Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vigo County, Indiana

17. INFORMANT (ADDRESS) John Lindsey Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gallatin, Mo. DATE August 20, 36

19. UNDERTAKER (ADDRESS) Hope Funeral Home Gallatin, Missouri

20. FILED Aug 18, 1936 Spencer Freeman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1936, to Aug 18, 1936

I last saw him alive on Aug 18, 1936 Death is said to have occurred on the date stated above, at 4:24 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. E. Laughlin M.D.

(Address) Kirksville, Mo.